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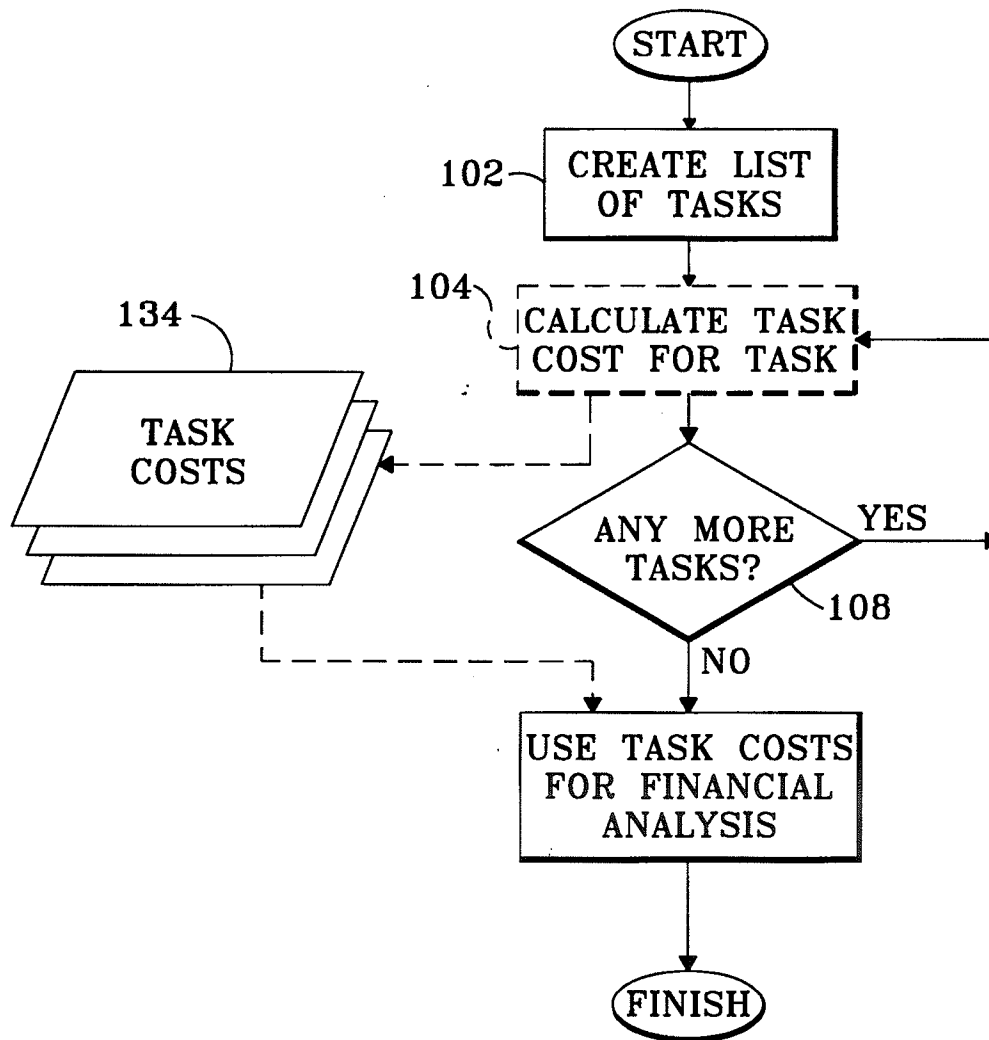
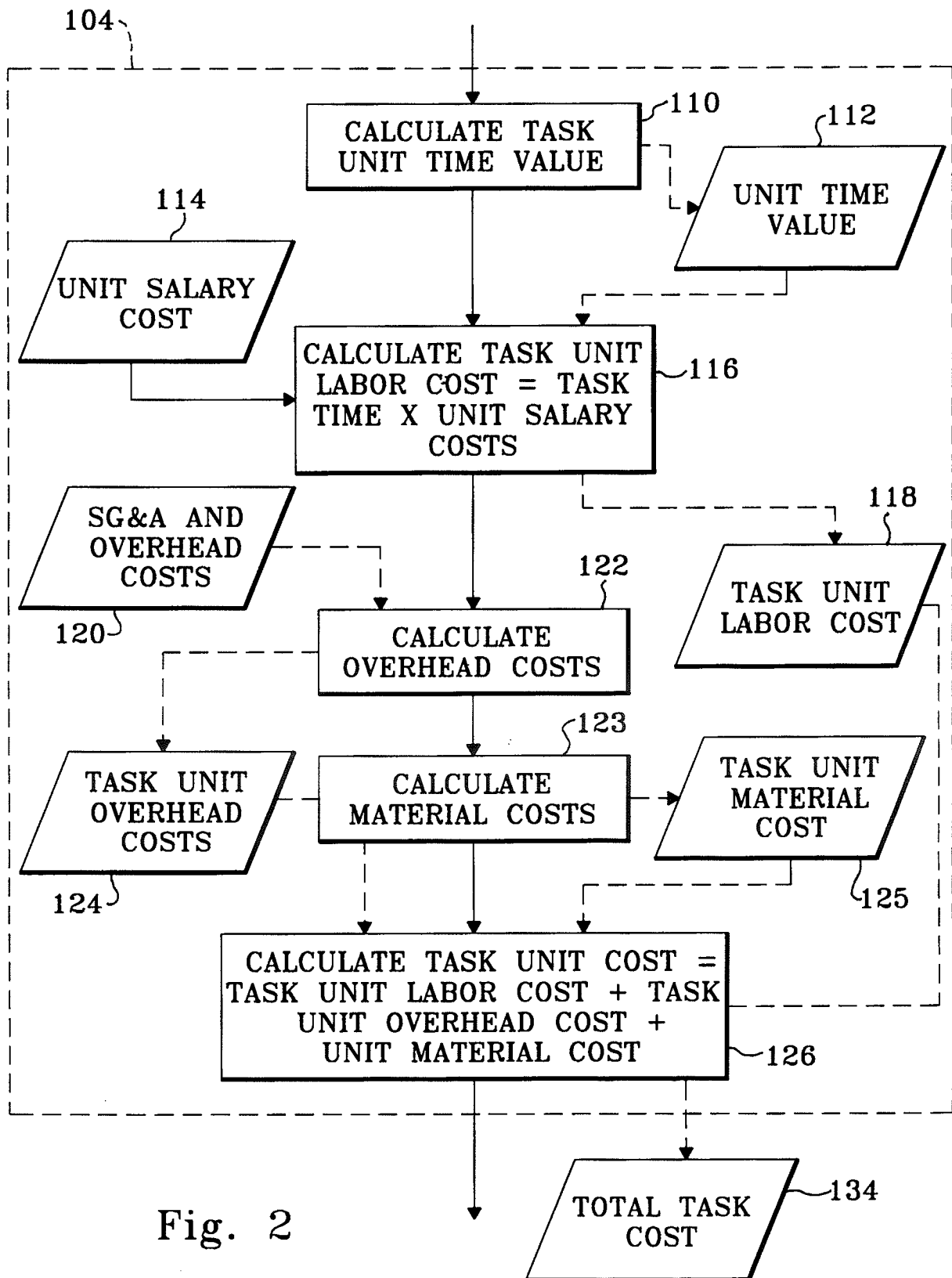


Fig. 1

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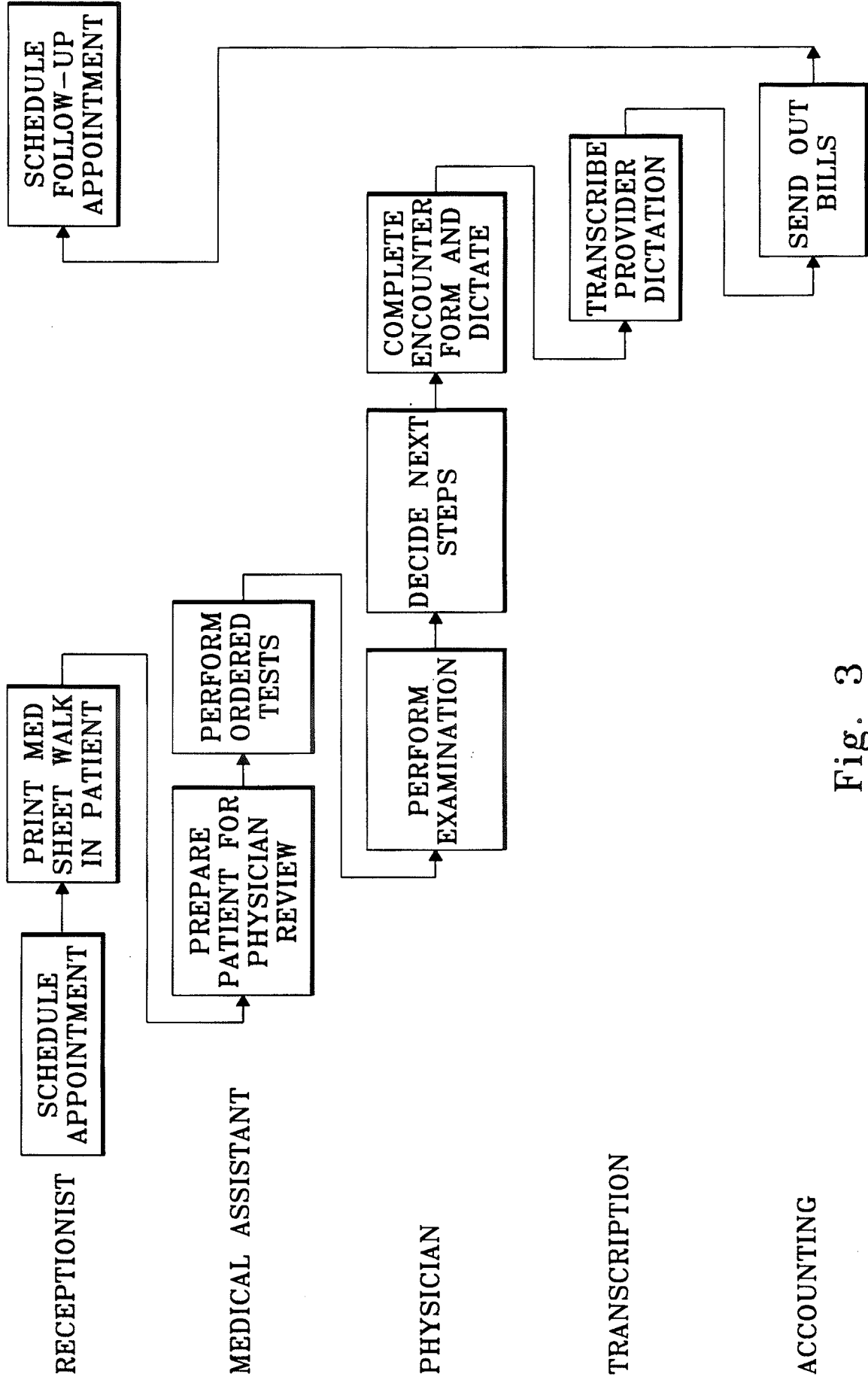


Fig. 3

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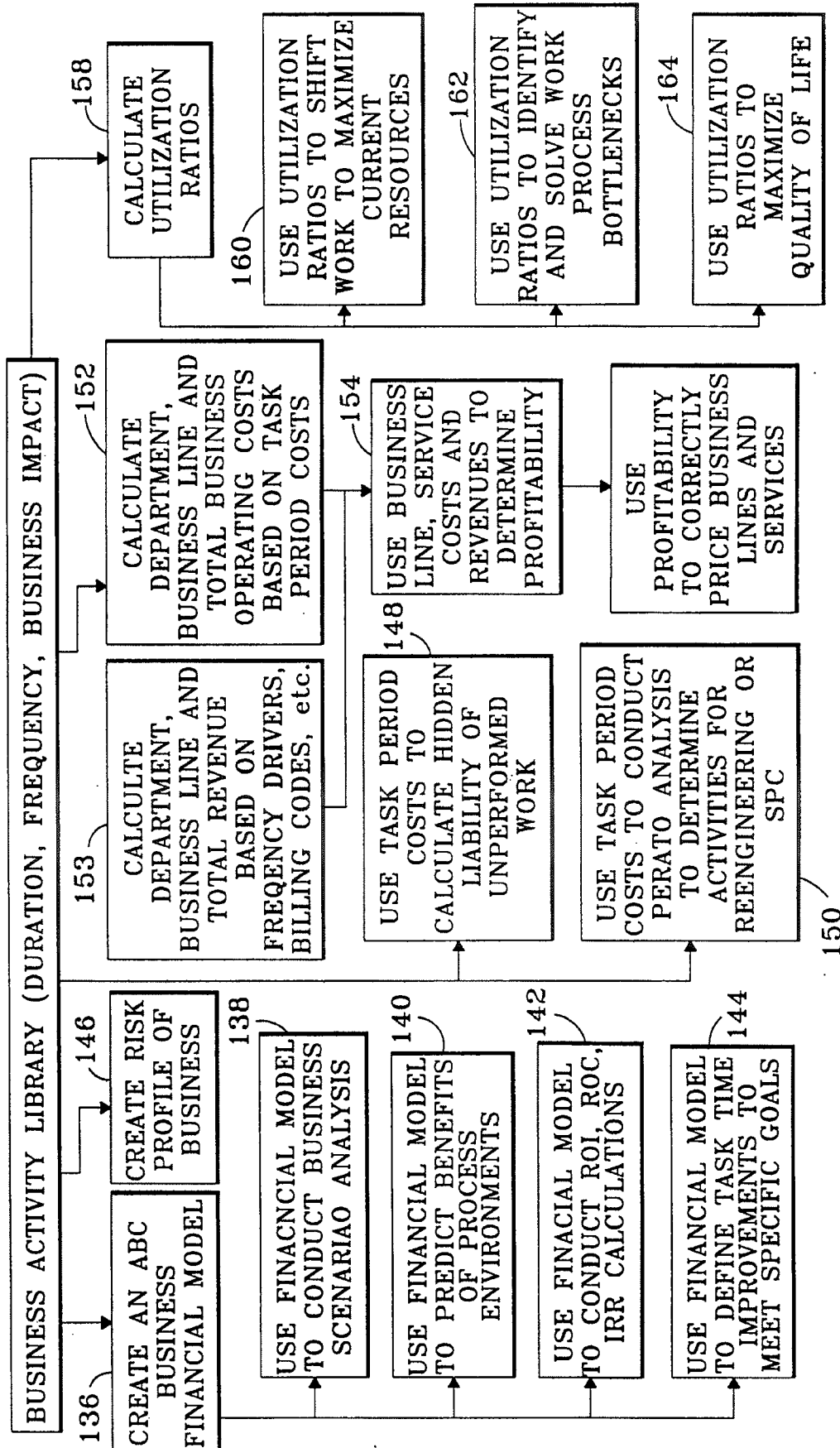


Fig. 4

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CODE	DESCRIPTION	# OF SLOTS	FEE(\$)
OFFICE	NEW PATIENT		
99201	NEW PT. OFFICE SIMPLE E/M (Lev 1)	1	28.27
99202	NEW PT. OFFICE FOCUSED E/M (Lev 2)	1	42.84
99203	NEW PT. OFFICE EXPANDED E/M (Lev 3)	2	61.79
99204	NEW PT. OFFICE DETAILED E/M (Lev 4)	2	99.61
99205	NEW PR. OFFICE COMPLEX E/M (Lev 5)	4	124.89
OFFICE	ESTABLISHED PATIENT		
99211	EST. PT. OFFICE SIMPLE (Lev 1)	1	14.01
99212	EST. PT. OFFICE FOCUSED (Lev 2)	1	26.8
99213	EST. PT. OFFICE EXPANDED (Lev 3)	1	38.26
99214	EST. PT. OFFICE DETAILED (Lev 4)	2	57.73
99205	EST. PT. OFFICE COMPLEX (Lev 5)	3	84.07
Office	CONSULTS		
99241	CONSULT OFFICE SIMPLE E/M (Lev 1)	1	43.99
99242	CONSULT OFFICE FOCUSED E/M (Lev 2)	2	67.18
99243	CONSULT OFFICE EXPANDED E/M (Lev 3)	2	88.67
99244	CONSULT OFFICE DETAILED E/M (Lev 4)	3	123.44
99245	CONSULT OFFICE COMPLEX E/M (Lev 5)	4	161.45
99271	CONSULT CONF. SIMPLE (Lev 1)	1	40.09
99272	CONSULT CONF. FOCUSED (Lev 2)	1	55.84
99273	CONSULT CONF. EXPANDED (Lev 3)	2	78.54
99274	CONSULT CONF. DETAILED (Lev 4)	3	101.77
99275	CONSULT CONF. COMPLEX (Lev 5)	4	141.28

Fig. 5

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Fig. 6A

TYPE	EXPLANATION	DR 1 TEAM 1	NP 2	NP 1	DR 2	DR 1 TEAM 2	DR 2 TEAM 3	DR 2 TEAM 4
OFFICE CODES								
1 NO SHOWS		37	0	0	49	7	42	0
3 CANCEL APPOINTMENT		22	0	0	58	15	40	0
4 ADMIT TO HOSPITAL FROM OFFICE		1	0	0	6	4	24	0
5 NO CHARGE FOR VISIT		1	0	0	3	1	0	0
6 ALREADY IN HOSPITAL		6	0	0	1	0	2	0
8 RESCHEDULE		28	0	0	45	4	31	0
9 IN NURSING HOME		1	0	0	1	0	2	0
10 END OF FILE		75	0	0	49	0	20	0
12 WENT TO ER		0	0	0	1	0	3	0
98900 MED MANAGEMENT		2	0	0	4	0	2	0
OFFICE NEW PATIENT								
99201 NEW PT. OFFICE SIMPLE E/M (LEV 1)		1	1	1	0	0	0	1
99202 NEW PT. OFFICE FOCUSED E/M (LEV 2)		0	0	0	0	0	0	0
99203 NEW PT. OFFICE EXPANDED E/M (LEV 3)		0	0	0	0	0	0	0
99204 NEW PT. OFFICE DETAILED E/M (LEV 4)		0	0	0	0	0	0	0
99205 NEW PT. OFFICE COMPLEX E/M (LEV 5)		0	0	0	0	0	0	0
TOTAL NEW PATIENT		1	1	1	0	0	0	1
OFFICE ESTABLISHED PATIENT								
99211 EST. PT. OFFICE SIMPLE (LEV 1)		5	1	1	4	0	5	0
99212 EST. PT. OFFICE FOCUSED (LEV 2)		56	0	0	58	72	95	0
99213 EST. PT. OFFICE EXPANDED (LEV 3)		641	0	0	841	153	659	0
99214 EST. PT. OFFICE DETAILED (LEV 4)		346	0	0	325	30	25	0
99215 EST. PT. OFFICE COMPLEX (LEV 5)		1	0	0	0	0	0	0
TOTAL ESTABLISHED PATIENT		1049	1	1	1228	255	784	0

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OFFICE	CONSULTS	1	0	0	0	0	0
99241	CONSULT OFFICE SIMPLE E/M (LEV 1)	1	0	0	0	0	0
99242	CONSULT OFFICE FOCUSED E/M (LEV 2)	0	0	0	0	0	0
99243	CONSULT OFFICE EXPANDED E/M (LEV 3)	0	0	0	0	0	0
99244	CONSULT OFFICE DETAILED E/M (LEV 4)	0	0	0	0	0	0
99245	CONSULT OFFICE COMPLEX E/M (LEV 5)	0	0	0	0	0	0
99271	CONSULT CONF. SIMPLE (LEV 1)	0	0	0	0	0	0
99272	CONSULT CONF. FOCUSED (LEV 2)	0	0	0	0	0	0
99273	CONSULT CONF. EXPANDED (LEV 3)	0	0	0	0	0	0
99274	CONSULT CONF. DETAILED (LEV 4)	0	0	0	0	0	0
99275	CONSULT CONF. COMPLEX (LEV 5)	0	0	0	0	0	0
	TOTAL OFFICE CONSULTS	1	1	0	0	0	0
HOSPITAL							
99217	OBSERVATION CARE/DISCHARGE DAY MANG	0	0	0	0	0	0
99218	INITIAL OBSERVATION/BASIC	0	0	0	0	0	0
99219	INITIAL OBSERVATION/MODERATE	0	0	0	0	0	0

Fig. 6B

Fig. 6

FIG. 6A	FIG. 6B
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Fig. 7A

TYPE	EXPLANATION	FEE(\$) PER OOS	DR 1	DR 2
OFFICE CODES				
1	NO SHOWS			
3	CANCEL APPOINTMENT			
4	ADMIT TO HOSPITAL FROM OFFICE			
5	NO CHARGE FOR VISIT			
6	ALREADY IN HOSPITAL			
8	RESCHEDULE			
9	IN NURSING HOME			
10	END OF FILE			
12	WENT TO ER			
98900	MED MANAGEMENT			
OFFICE	NEW PATIENT			
99201	NEW PT. OFFICE SIMPLE E/M (LEV 1)	28.27	28.27	0
99202	NEW PT. OFFICE FOCUSED E/M (LEV 2)	42.84	0	0
99203	NEW PT. OFFICE EXPANDED E/M (LEV 3)	61.79	0	0.006179
99204	NEW PT. OFFICE DETAILED E/M (LEV 4)	99.61	0	0.009961
99205	NEW PT. OFFICE COMPLEX E/M (LEV 5)	124.89	0	0.012489
	TOTAL NEW PATIENT		28	0
OFFICE	ESTABLISHED PATIENT			
99211	EST. PT. OFFICE SIMPLE (LEV 1)	14.01	70.05	56.04
99212	EST. PT. OFFICE FOCUSED (LEV 2)	26.8	1500.8	58
99213	EST. PT. OFFICE EXPANDED (LEV 3)	38.26	24524.66	841
99214	EST. PT. OFFICE DETAILED (LEV 4)	57.73	19974.58	325
99215	EST. PT. OFFICE COMPLEX (LEV 5)	84.07	84.07	0
	TOTAL ESTABLISHED PATIENT		46154	1228



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Fig. 7B

NP 1	NP 2	DR 1 TEAM 1	DR 1 TEAM 2	DR 2 TEAM 3	DR 2 TEAM 4
28.27	28.27	0	0	0	28.27
0	0	0	0	0	0
0	0	0	0	0.006179	0
0	0	0	0	0.009961	0
0	0	0.012489	0	0.012489	0
28	28	0	0	0	28
14.01	14.01	28.02	0	70.05	0
1554.4	0	1393.6	1929.6	2546	0
32176.66	0	5585.96	5853.78	25213.34	0
18762.25	0	616.44	1731.9	1443.25	0
0	0	0	0	0	0
52549	14	8624	9515	29273	0

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		43.99	43.99	43.99
OFFICE	CONSULTS			
99241	CONSULT OFFICE SIMPLE E/M (LEV 1)	43.99	43.99	43.99
99242	CONSULT OFFICE FOCUSED E/M (LEV 2)	67.18	0	0
99243	CONSULT OFFICE EXPANDED E/M (LEV 3)	86.67	0	0
99244	CONSULT OFFICE DETAILED E/M (LEV 4)	123.44	0	0
99245	CONSULT OFFICE COMPLEX E/M (LEV 5)	161.45	0	0
99271	CONSULT CONF. SIMPLE (LEV 1)	40.09	0	0
99272	CONSULT CONF. FOCUSED (LEV 2)	55.84	0	0
99273	CONSULT CONF. EXPANDED (LEV 3)	78.54	0	0
99274	CONSULT CONF. DETAILED (LEV 4)	101.77	0	0
99275	CONSULT CONF. COMPLEX (LEV 5)	141.28	0.014128	0.001413
TOTAL OFFICE CONSULTS			44	44
HOSPITAL				
99217	OBSERVATION CARE/DISCHARGE DAY MANG	61.91	0	0
99218	INITIAL OBSERVATION/BASIC	62.15	0	0
99219	INITIAL OBSERVATION/MODERATE	93.72	0	0

Fig. 7C

FIG. 7A	FIG. 7B
FIG. 7C	FIG. 7D

Fig. 7

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Fig. 7D

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PROVIDER BUSINESS LINE OOS TOTALS									
	DR 1	DR 2	NP 1	NP 2	DR 1 TEAM 1	DR 1 TEAM 2	DR 2 TEAM 3	DR 2 TEAM 4	PRACTICE
OFFICE	1051	1229	2	2	228	255	784	1	3552
HOSPITAL	27	42	0	0	0	0	0	0	69
SNF	4	4	1164	1170	4	4	4	4	2358
CPO	1	1	1	1	1	1	1	1	8
DRG	1	1	0	0	0	0	0	0	2
	1084	1277	1167	1173	233	260	789	6	5989

PROVIDER DISTRIBUTION									
	DR 1	DR 2	NP 1	NP 2	DR 1 TEAM 1	DR 1 TEAM 2	DR 2 TEAM 3	DR 2 TEAM 4	
OFFICE	29.59%	34.6%	0.1%	0.1%	6.4%	7.2%	22.1%	0.0%	100%
HOSPITAL	39.1%	60.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
SNF	0.2%	0.2%	49.4%	49.4%	0.2%	0.2%	0.2%	0.2%	100%
CPO	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	100%
DRG	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%

## PRODUCT LINE DISTRIBUTION FOR PRACTICE

PRACTICE	
OFFICE	59.3%
HOSPITAL	1.2%
SNF	39.4%
CPO	0.1%
DRG	0.0%
	100%

Fig. 8

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FIG. 9

		OFFICE	HOSPITAL	NURSING HOME	CPO	DRUG	
RENT	5000	90%	2%	2%	0%	6%	100%
UTILITIES							0%
ELECTRICITY	500	90%	2%	2%	0%	6%	100%
WATER	200	90%	2%	2%	0%	6%	100%
GAS	100	90%	2%	2%	0%	6%	100%
TELEPHONE	800	59%	1%	39%	0%	0%	100%
PRACTICE SUPPLIES							0%
MEDICAL PRACTICE	200	99%	0%	0%	0%	1%	100%
OFFICE SUPPLIES	200	90%	4%	4%	1%	1%	100%
ADMINISTRATIVE SALARIES	3500	59%	1%	39%	0%	0%	100%
MEDICAL EQUIPMENT	500	99%	0%	0%	0%	1%	100%
INTEREST ON BORROWING	500	59%	1%	39%	0%	0%	100%
COMPUTER EXPENSES	600	59%	1%	39%	0%	0%	100%
	<u>12100</u>						
		4,500.00	100.00	100.00	-	300.00	

RENT		450.00	10.00	10.00	-	30.00	
UTILITIES							
ELECTRICITY		180.00	4.00	4.00	-	12.00	
WATER		90.00	2.00	2.00	-	6.00	
GAS		474.47	9.22	9.22	1.07	0.27	
TELEPHONE							
PRACTICE SUPPLIES							
MEDICAL PRACTICE		198.00	-	-	-	2.00	
OFFICE SUPPLIES		180.00	8.00	8.00	2.00	2.00	
ADMINISTRATIVE SALARIES		2,075.81	40.32	1,378.03	4.68	1.17	
MEDICAL EQUIPMENT		495.00	-	-	-	5.00	
INTEREST ON BORROWING		296.54	5.76	196.86	0.67	0.17	
COMPUTER EXPENSES		355.85	6.91	236.23	0.80	0.20	
		9,295.67	186.21	2,250.10	9.21	358.80	12,100.00

FIG. 10

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FIG. 11A
FIG. 11B

Fig. 11

Fig. 11A

FREQUENCIES USED IN CALCULATIONS

DESCRIPTION	UNIT OF MEASURE	FREQUENCY	DEPARTMENT
RECEPTIONIST WEEKLY FIXED ACTIVITIES	MINUTES	543.37	RECEPTION
NUMBER OF PT IN RECALL LIST	MONTH	20.00	RECEPTION
NUMBER OF WALK-IN PT	MONTH	25.00	RECEPTION
NUMBER OF CO-PAYMENTS	MONTH	60.00	RECEPTION
NUMBER OF PH. CALLS TRANSFERED	MONTH	6888.00	RECEPTION
MEDICAL ASSISTANT WEEKLY FIXED ACTIVITIES	MINUTES	1188.81	MED ASST.
% OF PT PREEXAM TESTS PERFORMED	PATIENTS	17.500%	MED ASST.
NUMBER OF BLOOD DRAWS DONE BY MA	MONTH	40.00	MED ASST.
% OF PT PRESCRIPTION INSTR. ARE WRITTEN	PATIENTS	33.00%	MED ASST.
% OF REFERRALS MA MAKES THE APPOINTMENT	REFERRALS	16.50%	MED ASST.
% OF DIAGNOSTIC TEST MA MAKES THE APPT.	DIAGNOSTIC	16.50%	MED ASST.
NUMBER OF PRESCRIPTION REFILLS PROCESSED	MONTH	400.00	MED ASST.
TRANSCRIPTION WEEKLY FIXED ACTIVITIES	MINUTES	127.65	TRANSCRIPTION
# OF OFFICE PT DICTATION PER TAPE	TAPE	15.00	TRANSCRIPTION
# OF HOSPITAL PT DICTATION PER TAPE	TAPE	6.00	TRANSCRIPTION
# OF CPO PT DICTATION PER TAPE	TAPE	30.00	TRANSCRIPTION
# OF TIMES OFFICE PT DOCUMENTS FAXED BY PHYSICIAN ORDER	MONTH	5.00	TRANSCRIPTION
# OF H&P FAXED TO HOSPITAL	MONTH	40.00	TRANSCRIPTION
TRIAGE WEEKLY FIXED ACTIVITIES	MINUTES	396.75	TRIAGE
# OF FAXES PROCESSED BY TRIAGE FOR OFFICE PT	MONTH	500.00	TRIAGE

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Fig. 11B

DESCRIPTION	UNIT OF MEASURE	FREQUENCY	DEPARTMENT
# OF FAXES PROCESSED BY TRIAGE FOR HOSP. PT	MONTH	350.00	TRIAGE
# OF FAXES PROCESSED BY TRIAGE FOR SNF PT	MONTH	1150.00	TRIAGE
# OF TIMES DOCUMENTS FAXED BY PHYS. ORDER	MONTH	70.00	TRIAGE
# OF NARCOTIC PRESCRIPTIONS REFILLS PROCESSED	MONTH	40.00	TRIAGE
# OF PH. CONVERSATIONS WITH PT OR FAMILIES	MONTH	810.00	TRIAGE
# OF PH. CALLS FOR REFERRALS & OTHER CALLS	MONTH	558.25	TRIAGE
# OF PH. CALLS TO PHARMACY FOR PRESCRIPTION REFILLS	MONTH	230.00	TRIAGE
# OF PHONE CALLS FROM SNF	MONTH	322.35	TRIAGE
# OF H&P FAXED TO HOSPITAL	MONTH	33.00	TRIAGE
# OF HOSP. REFERRALS MANAGED (ORGANIZED)	MONTH	33.00	TRIAGE
# OF LAB REPORTS RECEIVED THROUGH PRINTER (SNF)	MONTH	200.00	TRIAGE
% OF CPO CALLS HANDLED BY TRIAGE	MONTH	20%	TRIAGE
BILLING WEEKLY FIXED ACTIVITIES	MINUTES	2703.65	BILLING
# OF REBILLINGS PERFORMED	MONTH	400.00	BILLING
# OF PRIVATE BILLS	MONTH	300.00	BILLING
# OF ACCOUNTS IN COLLECTION PROCEDURE	MONTH	75.00	BILLING
# OF PHONE CALLS	MONTH	800.00	BILLING
MEDICAL RECORDS WEEKLY FIXED ACTIVITIES	MINUTES	155.25	MED. REC.
AVERAGE # OF HANDLING DOCUMENTS PER OFFICE PT CHART	PER VISIT	3.00	MED. REC.
AVERAGE # OF HANDLING DOCUMENTS PER HOSPITAL PT CHART	PER VISIT	5.00	MED. REC.
AVERAGE # OF HANDLING DOCUMENTS PER SNF PT CHART	PER VISIT	1.00	MED. REC.
AVERAGE # OF HANDLING DOCUMENTS PER CPO PT CHART	PER CALL	1.00	MED. REC.
# OF FAXED DOCUMENTS BY PHYSICIAN REQUEST	MONTH	80.00	MED. REC.

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OFFICE	MON	TUE	WED	THUR	FRI	
DOCTOR 1	13	18	10	10	10	61
DOCTOR 2	24	0	0	20	20	64
NP 1	24	14	14	0	0	52
NP 2	10	10	12	0	24	56
						<u>233</u>
HOSPITAL	MON	TUE	WED	THUR	FRI	
DOCTOR 1	20	0	0	20	23.33	63.33
DOCTOR 2	0	20	25	10	13.33	68.33
						<u>131.66</u>
SNF	MON	TUE	WED	THUR	FRI	
DOCTOR 1	1	0	0	0	0	1
DOCTOR 2	1	0	0	0	0	1
NP 1	0	14	14	26	26	80
NP 2	18	16	14	26	0	74
						<u>156</u>
DRG	MON	TUE	WED	THUR	FRI	
DOCTOR 1	0	0	0	0	0	8
DOCTOR 2	0	0	5	0	0	2
						<u>10</u>
CPO	MON	TUE	WED	THUR	FRI	
DOCTOR 1	0	0	0	5	0	5
DOCTOR 2	0	0	5	0	0	5
						<u>10</u>
PROVIDER SCHEDULE	MON	TUE	WED	THUR	FRI	TOTAL
DOCTOR 1	8.50	4.50	4.50	8.75	8.33	34.6
DOCTOR 2	6.25	5.00	8.00	7.50	8.33	35.1
NP 1	6.00	7.00	7.00	6.50	6.50	33.0
NP 2	7.00	6.50	6.50	6.50	6.00	32.5
						<u>135.17</u>

## TEAM BUSINESS LINE DISTRIBUTION

	OFFICE	HOSPITAL	SNF	CPO
PHYSICIAN %	10%	100%	40%	100%
NP%	90%	0%	60%	0%

## PROVIDER SALARY INFORMATION

BUSINESS LINE PT	
OPERATING HOURS	
OFFICE	7.25
HOSPITAL	5
SNF	7.8
CPO	7.8

DOCTOR 1	\$10,000
DOCTOR 2	\$10,000
NP1	\$ 4,767
NP2	\$4,050
BENEFITS	30%

PROVIDER WEEKLY HOURS  
(EXCLUDING SPECIAL PROJECTS)  
(WOUND CARE)

DOCTOR 1	40
DOCTOR 2	30
NP1	40
NP2	40
	<u>150</u>

Fig. 12



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BUSINESS LINE	BUSINESS LINE HOURS	PERCENTAGE	ALLOCATION UNUSED PROVIDER HOURS
			61.34
OFFICE	233	43.26%	26.53291501
HOSPITAL	132	24.44%	14.99280511
SNF	156	28.96%	17.776452679
CPO	10	1.86%	1.138751717
DRG	8	1.49%	0.911001374
	538.66	100.00%	

Fig. 13

Fig. 14

## PER MINUTE COST OF PROVIDERS

NP					
	TEAM%	MONTHLY	BENEFITS	TOTAL	PER MINUTE
DOCTOR 1		\$10,000	\$3,000	\$13,000	\$1.42
DOCTOR 2		\$10,000	\$3,000	\$13,000	\$1.89
NP1		\$ 4,767	\$1,430	\$ 6,197	\$0.68
NP2		\$ 4,050	\$1,215	\$ 5,265	\$0.57
TEAM 1-OFFICE	90%			\$ 6,877	\$0.75
TEAM 1-SNF	60%			\$ 8,918	\$0.97
TEAM 2-OFFICE	90%			\$ 6,039	\$0.66
TEAM 2-SNF	60%			\$ 8,359	\$0.91
TEAM 3-OFFICE	90%			\$ 6,877	\$0.80
TEAM 3-SNF	60%			\$ 8,918	\$1.16
TEAM 4-OFFICE	90%			\$ 6,039	\$0.71
TEAM 4-SNF	60%			\$ 8,359	\$1.10

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SUPPORT STAFF AVERAGE HOURS WORKED PER DAY

DEPARTMENT	
RECEPTION	16
MEDICAL ASSISTANTS	16
TRANSCRIPTION	8
TRIAGE	10
BILLING	16
MEDICAL RECORDS	6.4

SUPPORT STAFF SALARY TABLES

RECEPTION	\$3,467
MEDICAL ASSISTANTS	\$3,983
TRANSCRIPTION	\$2,202
TRIAGE	\$4,167
BILLING	\$3,886
MEDICAL RECORDS	\$1,241
BENEFIT %	30%

BUSINESS LINE PT OPERATING HOURS

OFFICE	7.25
HOSPITAL	5
SNF	7.8
CPO	7.8

PER MINUTE COST SUPPORT STAFF

DEPARTMENT SALARY TABLE	MONTHLY	BENEFITS	TOTAL	PER MINUTE
RECEPTION	\$3,467	\$1,040	\$4,507	\$0.25
MEDICAL ASSISTANTS	\$3,983	\$1,195	\$5,178	\$0.28
TRANSCRIPTION	\$2,202	\$ 661	\$2,863	\$0.31
TRIAGE	\$4,167	\$1,253	\$5,428	\$0.47
BILLING	\$3,886	\$1,166	\$5,052	\$0.28
MEDICAL RECORDS	\$1,241	\$ 372	\$1,163	\$0.22

Fig. 15

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FIG. 16A
FIG. 16B

FIG. 16

FIG. 16A

## RECEPTIONIST

	MONTHLY FIXED ACTIVITIES	RECALL PROGRAMS	SCHEDULE APPOINTMENT	CANCEL APPT. AND RESCHEDULE	SCHEDULE NEW PATIENT APPOINTMENT
PRACTICE FREQUENCY	2173.50	20.00	502.20	263.71	4.00
TASK TIME (%) OF OOS	N/A	N/A	N/A	N/A	N/A
CUM. DEPT. ACTIVITY (Min.)	N/A	N/A	N/A	N/A	N/A
CUM. PRACTICE ACTIVITY (Min.)	0.61	0.62	0.86	0.99	3.53
	0.61	0.62	0.86	0.99	3.53
ACTIVITY COST / OOS (\$)	0.15	0.00	0.06	0.03	0.62
CUM. DEPT. ACTIVITY COST	0.15	0.15	0.21	0.24	0.87
CUM. PRACTICE ACTIVITY COST	0.15	0.15	0.21	0.24	0.87
MONTHLY	—	—	—	—	—
MONTHLY ACTIVITY COST (\$)	534.73	8.70	241.67	173.39	9.98
CUM. MON. DEPT. COST (\$)	534.73	543.43	785.09	958.48	968.47
CUM. MON. PRACTICE COST (\$)	534.73	543.43	785.09	958.48	968.47

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PHYSICIAN 1 FREQUENCY	643.12	5.92	143.10	50	1
TASK TIME					
(%) OF OOS	0.61	1.7682	1.958	N/A	N/A
CUM. DEPT. ACTIVITY (Min.)	100%	0.56%	13.62%	4.76%	0.10%
CUM. PRACTICE ACTIVITY (Min.)	0.61	0.62	0.89	0.99	3.53
	0.61	0.62	0.89	0.99	3.53
ACTIVITY COST / OOS (\$)					
CUM. DEPT. ACTIVITY COST	0.15	0.00	0.07	0.03	0.00
CUM. PRACTICE ACTIVITY COST	0.15	0.15	0.22	0.25	0.25
	0.15	0.15	0.22	0.25	0.25
MONTHLY					
MONTHLY ACTIVITY COST (\$)	158.22	8.70	68.86	32.87	2.50
CUM. MON. DEPT. COST (\$)	158.22	543.43	229.66	262.53	265.03
CUM. MON. PRACTICE COST (\$)	534.73	158.22	229.66	262.53	265.03

FIG. 16B

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	OFFICE	HOSPITAL	SNF	CPO	DRG
RECEPTIONIST	10.94	2.06	-	-	-
MEDICAL ASSISTANT	15.97	0.92	-	-	-
TRANSCRIPTION	12.68	31.11	10.6	5.34	-
TRIAGE	1.90	36.90	1.62	10.26	-
BILLING	10.37	15.17	7.81	10.63	-
MEDICAL RECORDS	4.69	7.73	1.63	3.49	-
PROVIDER	20.39	38.96	25.52	53.00	-

FIG.17

PROVIDER CAPACITY	SLOTS PER OOS	SLOTS DEDICATED	MAX. PATIENT/DAY	MAX. PT PER HOUR	CURRENT PT PER HOUR
OFFICE	1.21	233	38.42	5.3	23.61
HOSPITAL	1.71	131.66	15.40	3.08	0.67
SNF	1.67	156	18.73	2.40	14.57
CPO	2.88	10	0.70	0.09	0.05
DRG	1.00	10	2.00	0.28	0.01

FIG.18

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FIG. 19

	RESTRICTIVE Min/OOS	NONRESTRICTIVE Min/OOS	MINIMUM COVERAGE/HR.	UNUTILIZED PORTION	U.P. COVERAGE
RECEPTIONIST	4.71	8.29	0.42	0.58	80.77
MEDICAL ASSISTANT	7.95	8.93	0.70	0.30	41.16
TRANSCRIPTION	0	12.06	0.00	2.00	276.71
TRIAGE	0	12.2	0.00	2.00	276.71
BILLING	0	9.41	0.00	2.00	276.71
MEDICAL RECORDS	0	3.52	0.00	2.00	276.71
PROVIDER	25.90	2.07	5.32	0.68	87.20
PROVIDER (OFFICE)	19.62	3.00	7.72	0.28	38.60
PROVIDER (HOSPITAL)	32.35	6.00	1.66	0.34	47.01
PROVIDER (SNF)	24.99	5.00	6.07	0.93	129.04
PROVIDER (CPO)	0	43.13	0.00	0.00	0.00
PROVIDER (DRG)	0	15.00	1.00	0.00	0.00

	REQUIRED NON- RESTRICTIVE (HSR)	REQ. U.P. DIFFERENCE	MINIMUM STAFF HOURS	TOTAL HRS.	UTILIZATION RATIO
RECEPTIONIST	490.66	409.89	138.35	548.25	180%
MEDICAL ASSISTANT	528.67	487.51	138.35	625.86	205%
TRANSCRIPTION	1199.36	922.65	276.71	1199.36	786%
TRIAGE	204.16	-72.55	276.71	204.16	107%
BILLING	919.23	642.52	276.71	919.23	301%
MEDICAL RECORDS	350.31	73.60	276.71	350.31	287%
PROVIDER	53.74	-33.46	764.86	731.40	100%
PROVIDER (OFFICE)	177.60	193.00	1106.83	1245.84	503%
PROVIDER (HOSPITAL)	6.90	-40.11	276.71	236.60	169%
PROVIDER (SNF)	196.50	67.46	968.48	1035.94	625%
PROVIDER (CPO)	1.77	1.77	0.00	1.77	17%
PROVIDER (DRG)	0.11	0.11	0.00	0.0011	17%

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CUMULATIVE DEPARTMENT HOURS BASED ON HISTORICAL MONTHLY WORKLOAD UTILIZATION RATIOS  
**FIG.20**

SBU	OFFICE	HOSPITAL	SNF	CPO	DRG	TOTAL	ACTUAL	% (1)	% (2)
DEPARTMENT	498.0	2.4	-	-	-	500	305	164%	180%
RECEPTION	727.0	1.2	-	-	-	728	305	239%	205%
MEDICAL ASSISTANTS	746.9	35.5	416.7	0.2	-	1199	153	786%	786%
TRANSCRIPTION	102.2	42.4	59.2	0.3	-	204	191	107%	107%
TRIAGE	602.3	12.5	304.1	0.4	-	919	305	301%	301%
BILLING	277.1	8.9	64.2	0.1	-	350	122	287%	287%
MEDICAL RECORDS									
PROVIDER (OFFICE)	1318	39	1218	2	0.11	1318	248	532%	503%
PROVIDER (HOSP.)						39	140	28%	169%
PROVIDER (SNF)						1218	166	734%	625%
PROVIDER (CPO)						2	11	17%	17%
PROVIDER (DRG)						0	9	1%	1%
PROVIDER	1318	39	1218	2	0				
PROVIDER (DR1)	418.4	13.3	1.4	0.7	0.0	434	116	375%	
PROVIDER (DR2)	476.1	25.4	1.4	1.1	0.1	504	108	4675	
PROVIDER (NP1)	0.6	-	602.9	-	-	604	-165	-365%	
PROVIDER (NP2)	0.6	-	606.5	-	-	607	49	1235%	
TEAM 1	76.0	-	1.4	-	-	77	77	100%	
TEAM 2	85.0	-	1.4	-	-	86	86	100%	
TEAM 3	261.3	-	1.4	-	-	263	263	100%	
TEAM 4	0.3	-	1.4	-	-	2	2	100%	
TOTAL DR1						451	133	339.7%	
TOTAL DR2						531	135	393.1%	
TOTAL NP1						909	140	649.4%	
TOTAL NP2						686	128	537.1%	
						2577	536	481.1%	

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	OFFICE	HOSPITAL	SNF
PROVIDER (DR1)	6.18	0.18	2.10
PROVIDER (DR2)	6.81	0.31	2.10
PROVIDER (NP1)	5.07	—	6.30
PROVIDER (NP2)	1.2	—	6.85

ADJUSTMENT	0.87	0.84	0.83
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DEPARTMENT SALARY TABLE	UNUTILIZED LABOR
RECEPTION	0
MEDICAL ASSISTANTS	0
TRANSCRIPTION	0
TRIAGE	0
BILLING	0
MEDICAL RECORDS	0

PROVIDER SALARY TABLE	UNUTILIZED LABOR
PROVIDER (DR1)	0
PROVIDER (DR2)	0
PROVIDER (NP1)	0
PROVIDER (NP2)	0
TEAM 1	0
TEAM 2	0
TEAM 3	0
TEAM 4	0

FIG.21



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## MONTHLY AVERAGE INCOME STATEMENT

DR1	OFFICE	HOSPITAL	SNF	CPO	DRG	TOTAL
INCOME	46226.4	1424.8	184.2	57.6	75.0	47968.0
UTILIZED LABOR EXPENSE	50738.8	1635.4	145.7	68.4	24.1	52612.4
UNUTILIZED SUPPORT LABOR EXP.	0.0	0.0	0.0	0.0	0.0	0.0
UNUTILIZED DIRECT LABOR EXP.	0.0	0.0	0.0	0.0	0.0	0.0
OTHER INCOME	150.0	0.0	0.0	0.0	0.0	150.0
OTHER EXPENSE	1162.0	93.1	281.3	4.6	179.4	1720.0
NET INCOME	(5524.3)	(303.7)	(242.8)	(15.5)	(128.5)	(6214.7)

FIG.22